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PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a co ction of information unless it displays a valid OMB control number. Application Number 10/691.088 **TRANSMITTAL** Filing Date October 22, 2003 First Named Inventor **FORM** Jeffrey C. Krozek Art Unit 3677 **Examiner Name** Andre L. Jackson (to be used for all correspondence after initial filing) Attorney Docket Number 7452.3001.001 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Certificate of Mailing Request for Refund **Express Abandonment Request** Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Reising, Ethington, Barnes, Kisselle Signature Printed name Michael C. Adams Date Reg. No. 56041 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Julia D. Snell Typed or printed name

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Application Number	10/691,088
Filing Date	October 22, 2003
First Named Inventor	Jeffrey C. Krozek
Art Unit	
Examiner Name	
Attorney Docket Number	7452.3001.001

I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
OR I hereby appoint the practitioners associate	red with the Customer Number: 23399	
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 23399 OR		
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
SIGNATURE of Applicant or Assignee of Record		
Signature CMM CFR-		
Name Jeffey Clarence Krozek		
Date 11-09-2004	Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
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